

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) RGA RIGHT DIRECTION PAC		FEC IDENTIFICATION NUMBER ▼ C C00490730	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; font-size: small;"> <div>M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee Target Enterprises LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around; font-size: small;"> <div>M M M / D D D / Y Y Y Y Y Y</div> </div> 08 / 18 / 2016		
Mailing Address 15260 Ventura Blvd Suite 1240			Amount 776900.00		
City Sherman Oaks	State CA	Zip Code 91403	Transaction ID : SE.4760		
Purpose of Expenditure Television Advertising - Media Placement		Category/ Type 004	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around; font-size: small;"> <div>M M M / D D D / Y Y Y Y Y Y</div> </div> 07 / 27 / 2016		
Name of Federal Candidate HILLARY RODHAM CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: _____		
Calendar Year-To-Date Per Election for Office Sought 1553800.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around; font-size: small;"> <div>M M M / D D D / Y Y Y Y Y Y</div> </div>		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around; font-size: small;"> <div>M M M / D D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	776900.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	776900.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael Adams

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

08 / 19 / 2016

Signature